
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN RE: _____
Legal name of child

Case No. _____

PETITION FOR NAME CHANGE (Minor)

Fee Category: _____

Filing Fee: _____

I certify:

1. I am the ☐ parent ☐ legal guardian of the above child. My full legal name and current residence are listed above.
2. The child was born on (date) _____, _____, in the city of _____, county of _____, state of _____, and resides at _____.
3. a. ☐ The child's father is living. **or**
☐ The child's father is not living and the names and addresses of his closest blood relatives are: _____.
- b. ☐ The child's mother is living. **or**
☐ The child's mother is not living and the names and addresses of her closest blood relatives are: _____.

4. I want to change the child's name to _____
because _____
_____.

5. The name change is not to avoid creditors or outstanding debts. The child is not required to register as a convicted sexual offender under Chapter 83, Title 18, Idaho Code, or under the provisions of similar laws enacted by another state.

I ask that a Deputy Clerk of the Court issue a Notice of Hearing to be published for four (4) successive weeks in the _____, a newspaper printed in this County; and the Judge sign an Order changing the child's name as I have asked.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed name

Signature